

ENTEROCELE

WHAT IS AN ENTEROCELE?

An enterocele is the protrusion of the small intestine into the vagina. Muscles and ligaments that support your small intestine can become weak and cause it to drop down. This will create a bulge in the tissue of your vagina.

There are other structures that may also balloon into the vagina. The bladder bulging into the vagina is a cystocele. The uterus bulging into the vagina is a uterine prolapse. The rectum bulging into the vagina is called a rectocele.

HOW DOES IT OCCUR?

Enteroceles occur when the pelvic floor muscles are stretched or weakened. This is most commonly caused by childbirth. The more babies you have, the more the support tissues are stretched and weakened. Not everyone who has a baby will develop an enterocele. Some women have stronger supporting tissue and may not have as much of a problem.

Other conditions that can cause an enterocele are chronic constipation, a chronic cough, a lot of heavy lifting, and obesity. These activities all strain your pelvic floor muscles. Additional prolapsed organs can exert pressure in the pelvic cavity, contributing to the formation of an enterocele as well.

Having a hysterectomy or surgery for urinary incontinence can also be the cause for an enterocele.

Enteroceles are more common among older people. In addition to the general loss of muscle mass and strength a decrease in estrogen levels can also cause an enterocele.

WHAT ARE THE SYMPTOMS?

A mild enterocele may produce no signs or symptoms. If you do experience symptoms, they may include:

- A pulling sensation in your pelvis that eases when you lie down
- A feeling of pelvic fullness, pressure or pain
- Low back pain that eases when you lie down
- A soft bulge of tissue in your vagina
- Difficulty evacuating your bowels
- Vaginal discharge and bleeding
- Vaginal discomfort and painful intercourse

HOW IS IT DIAGNOSED?

A pelvic exam is needed to diagnose an enterocele. Your doctor will ask you to take a deep breath and hold it while bearing down like you are having a bowel movement. This will cause the prolapsed small bowel to bulge downward while the doctor feels for it. This test will first be done on an examining table but may need to be done again while you are standing. Enteroceles can also be diagnosed by a defecography.

HOW IS IT TREATED?

- Some enteroceles show no symptoms and do not need to be treated.
- Nonsurgical treatments:

- Vaginal Pessary: This is a silicone, plastic or rubber ring that is inserted into the vagina to support the enterocele. Your doctor will fit you with a pessary but often finding the right one involves trial and error. You will need to remove the pessary and clean it regularly.
- Estrogen Therapy: If you are postmenopausal your doctor may recommend a vaginal cream, gel or tablet to increase your estrogen levels. This helps to correct the thinning of the vaginal lining that occurs after menopause.
- Surgery: A severe enterocele may require surgery. Generally, the surgical approach is through the vagina. The surgeon will put the prolapsed bowel back into place and tighten the pelvic floor muscles. Surgery is more commonly used as a treatment for enteroceles when other prolapsed organs (such as the uterus, bladder or rectum) are present.